



NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS

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TESTIMONY BEFORE THE

*UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON HOMELAND SECURITY*

ON

H.R. 1544 -- THE FASTER AND SMARTER FUNDING FOR
FIRST RESPONDERS ACT OF 2005

And

*EMERGENCY MEDICAL SERVICE (EMS) TERRORISM
PREPAREDNESS AND RESPONSE CAPACITY*

APRIL 14, 2005

BY

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VICE-CHAIRMAN – NAEMT NATIONAL EMS ADMINISTRATORS DIVISION

Chairman Cox, Ranking Member Thompson, members of the committee and fellow public safety officers, my name is Gregg Lord. I am a paramedic and a member of the National Association of Emergency Medical Technicians (NAEMT) Board of Directors & Vice Chairman of the NAEMT National EMS Administrators Division. I am also Division Chief of Emergency Medical Services in Cherokee County, Georgia, a suburban county on the northwest edge of Atlanta. Throughout my career I have served in a various capacities in rural, suburban and urban environments including a rewarding progressive career in Worcester, Massachusetts where I retired as Chief of EMS Operations.

NAEMT represents the interests of more than 950,000 Emergency Medical Technicians and Paramedics throughout the United States. These men and women currently serve this nation daily on the frontlines of our domestic response to emergencies, disasters, and terrorist's incidents.

On behalf of the Paramedics and EMT's of this great nation, the National Association of Emergency Medical Technicians appreciates this opportunity to appear before you today to provide testimony regarding HR 1544 and its critical importance to our nation's security. In general, we will speak to areas that effect our constituency, the EMTs and Paramedics who respond to the incidents.

The passage of this bill can provide the following positive effects:

- The enhancement of Emergency Medical Service capacity to respond to acts of terrorism and high impact disasters.
- Training for EMT's and Paramedics who are charged with responding to dangerous and unpredictable emergency scenes with the ultimate requirement of turning victims into patients.
- Sustained funding for EMS systems to procure the requisite personal protective equipment, response adjuncts and continued performance based training to remain ready.

Our nations' EMS community needs your assistance to enhance its' capacity to respond to these high impact mass casualty terrorist acts. As Members of Congress and the Homeland Security Committee, you can and will make an important difference by uniting with our nations Emergency Medical Service professionals to "protect the protectors". As you have seen via numerous reports of late, just about every emergency response function across the public safety spectrum has received some fiscal relief; the burden upon EMS organizations to prepare is great but the federal assistance has been derisory.

According to a recent report from the Department of Homeland Security, EMS has received only four (4%) percent of the first responder funding through a series of programs that are not EMS specific program funds¹. Additionally, EMS has received only approximately five (5%) percent of funds slated for bioterrorism preparedness, again from programs that are not EMS specific in origin². This untenable scenario has emerged largely in part due to federal entities believing that

¹ Department of Homeland Security. "Support for EMS Provided by the DHS Office of State and Local Government Coordination and Preparedness." A Report to the Committees on Appropriations of the United States Senate and House of Representatives. Washington, D.C.; May 2004: 42.

² NYU Center for Catastrophe Preparedness and Response – Emergency Medical Services: The Forgotten Responder p.4 - March 2005

others are addressing the issue and while no meaningful capacity building has occurred. EMS is a public safety function charged with the delivery of a public health service via emergency medical care and rescue. Failure to address these issues will ultimately result in a continuance of sub-standard preparedness of EMS organizations and providers **AND** we believe a higher mortality & morbidity rate of the innocent victims of a terrorist attack. Clearly, the failure of the federal government to assist in the preparation of our nations EMT's and Paramedics via EMS specific training, equipment issuance and organizational fiscal relief to conduct these activities is an oversight that can not be permitted to continue.

Currently in the United States, we have EMS providers who are charged with providing extrication, rescue, and emergent care after a terrorist incident that will respond with no more specialized equipment than the clothes on their back. A recent National Association of Emergency Medical Technicians Internet survey regarding "Homeland Security & EMS³" yielded that eighty-five (85%) percent of the respondents answered no to the question; *"Does your EMS system issue personal protective equipment (PPE) to the EMS members for terrorism response?"*⁴ Regarding respiratory protection for fifteen (15%) that responded that they had been issued personal protective equipment, fifty-eight (58%) responded that they had only been issued N-95 respirator masks. An article in the February 15, 2003 edition of the Washington Post entitle "N-95 Masks Flying Off Shelves, But They Offer Scant Protection⁵" cites:

³ Refer to Appendix "A" for charting from the survey

⁴ NAEMT – Homeland Security & EMS - Internet Survey – 13,210

⁵ N-95 Masks Flying Off Shelves, But They Offer Scant Protection
<http://www.ph.ucla.edu/epi/bioter/n95masks.html>

The latest hype and misinformation coming out of our latest Code Orange emergency preparedness is about a disposable dollar mask made with white cloth and an elastic strap – the N95.

Sold at medical supply and hardware stores, they're the lightweight, nose-and-mouth respirators designed for medical settings and good for blocking allergens when mowing the lawn. Which begs the question: Can a mowing aid fend off a weapon of mass destruction? How effective would they be in a biological, chemical or nuclear attack?

"Not much, but better than nothing," says Victor Utgoff, a defense analyst at the Alexandria-based private Institute for Defense Analysis who has studied gas masks. "They generally protect you from getting particles into your lungs, paint chips and things like that."

We fully understand the important role that the N-95 mask plays in protecting individuals from threats such as TB and some airborne particulate, but this can not be the only tool for respiratory protection.

With regards to the question about chemical protection ensembles issued to EMS personnel, again of the fifteen (15%) that responded that they had been issued personal protective equipment, ninety-five (95%) percent responded that "Level D" was the available PPE. The US Environmental Protection Agency (EPA) defines the operational parameters for Level D to be "Use Level D only when no danger of chemical exposure exists. It consists of standard work clothes and no respiratory protection⁶". Given this response we are highly concerned about the safety of EMT and Paramedic response personnel to a high impact emergency or CBRNE terrorist attack that involves chemicals deployed as a weapon. Without the proper protection, how can the safely protect themselves AND render

⁶ Hazmat Robert Cox, MD, PhD, Director, Medical Toxicology Service, Associate Professor, Department of Emergency Medicine, University of Mississippi Medical Center
<http://www.emedicine.com/emerg/topic228.htm>

lifesaving treatment to the victims? Protecting EMS personnel and saving lives at the incidents can not be mutually exclusive, they are forever in tandem. If the EMS personnel are trained and protected lives can be saved, if not...

According to the LEADS survey conducted annually by the National Registry of Emergency Medical Technicians, an educational testing organization, the average EMS responder received less than two hours of “terrorism training”.⁷ In response to the question “Has your EMS system provided terrorism response training to its EMS members?” under the NAEMT Internet Survey sixty-seven (67%) of the respondent indicated no. Additionally, of those that responded in the affirmative thirty-four (34%) indicated they were given a “self study guide” as the sole training they were offered. We believe that the complexities and dangers that responding to a terrorist incident poses our members requires a more appropriate response to provide training, simulation and EMS scenario driven exercising to enhance readiness and overall capacity to respond effectively in times of crisis. This currently does not exist.

The Cox-Thompson bill before you now, will provide a common set of rules for the allocation of funds under the covered terrorism preparedness grant programs. Moreover, it can provide several advantages towards the global increase in preparedness for terrorist events in the United States. As has become evident, EMS has been left out of much of the terrorism preparedness granting

⁷ The National Registry of Emergency Medical Technicians. “2003 The Longitudinal EMT Attribute and Demographic Study (LEADS)” Columbus.

process. Our colleagues in law enforcement and fire services have received large portions of the available terrorism preparedness grants, as they should. But under the present grant structures the failure to employ a uniform “functional area” approach in which we designate the specific critical response performance taskings – *similar to the HSPD-8* - has resulted in EMS, a critical response requirement, not being included in the readiness enhancement process. NAEMT believes that failing to embrace and utilize a performance based functional area approach for national readiness improvement will only sustain a flawed system that addresses funding essentially by agency affiliation and not critical function. The development of the domestic preparedness grant system was done with little or no input regarding the unique and specific issues of EMS provision in the United States. The process within DHS should enable this inequity to be addressed by the Secretary of Homeland Security.

Currently there is no cross-referencing between the domestic preparedness grant system and other programs such as COPS and the Aid to Firefighters Grant (AFG). We believe that creating clear delineation between the goals of each program will result in a more targeted approach to funding domestic preparedness. We expect this approach to diminish duplication of efforts while concurrently assuring that existing programs continue to fulfill the charge that they were designed and implemented to accomplish.

EMS providers in this country have minimal protection against the effects of terrorist incidents. A 2003 study sponsored by the Department of Health and Human Services found that EMS providers lacked the necessary protective equipment to respond to a bioterrorist threat.⁸ Actually, we are sending our EMS responders to incidents that may cost them their lives. The National Association of Emergency Medical Technicians considers this to be unacceptable and one of the most unrecognized preparedness deficiencies in America. By recognizing the need for the creation and provision of EMS specific fiscal resources you will further our mission of “saving lives, protecting property and conserving the environment”. Unquestionably the NAEMT firmly believes that the funneling of financial resources to the local levels, empowering our constituents and the community to prepare is of the first priority.

The Cox-Thompson First Responder bill will insure that utilization of threat and vulnerability analysis coupled with resource preparation and planning must include EMS assets. Numerous reports have expressed the lack of local planning which involve EMS resources. Development of a national guideline that is based in objective preparation and planning within DHS will insure that the pre-hospital response resources are adequately prepared to respond to not only terrorist incidents, but also the more common disasters that affect every

⁸ Health Resources and Services Administration. “A National Assessment of State Trauma System Development, Emergency Medical Services Resources, and Disaster Readiness for Mass Casualty Events.” Aug. 2003.

community on an occasional basis. The National Response Plan coupled with the National Preparedness Goals outlined by HSPD-8 is an outstanding and necessary step toward preparation. The challenge to DHS and this Committee is to insure that all critical assets are included in the process. Historically, EMS has been left out of the process. This must be changed if we are to prepare our communities for disaster response of all types and concomitantly ensure the ability to keep event mortality and morbidity to a minimum. HS 1544 requires the formation of a First Responder Task Force. We applaud this initiative and welcome the opportunity to serve in support of the task force.

NAEMT believes that the majority of EMS systems in the United States are inadequately prepared to respond to high impact / high yield emergencies including a “weapon of mass effect” attack. We support the development of an essential capabilities list based upon the all hazards approach and tempered by location, threat, vulnerability, consequences and response needs. As a nation and as a professional community we need to join together and define what readiness is and then set our sights on attaining that agreed upon goal. Without defining and establishing readiness benchmarks the state and local responders are placed in the untenable position of attempting to determine this on their own. Subsequently this results in communities with readiness that spans the entire preparedness continuum.

While we acknowledge the varying needs of the individual communities and the diverse threat levels each may or may not confront, we do not think that

it is unreasonable to establish a baseline of readiness that all communities should strive to attain while concurrently having enhanced levels of capacity for those communities where the prevailing threat may be greater or the potential to respond is more prominent.

This should not be interpreted as only committing to support urban centers nor the unrealistic expectation that every community should be expected to achieve incredible levels of readiness for CBRNE response. Rather we recognize a fundamental need for all responders (*including EMS providers*) in the nation to receive a “baseline” of training to effectively respond to an event.

As we know from past disasters and terrorist events in the United States, mutual aid is truly the ultimate burden sharing methodology for local emergency response. Whether it was the OKC bombing, Centennial Park attack, the 9-11 Pentagon response or the 1993 & 2001 World Trade Center attacks – mutual aid was the only reason that the emergency response system was able to sustain performance. I am sure that the volunteer EMT's from a rural EMS rescue squad in western New Jersey did not think that they would ever be a responder to the largest terrorist attack in U.S. history, but they did alongside other responders from New York, New Jersey, Connecticut, Pennsylvania, and Massachusetts – *to name but just a few* -- that mutual aid compacts activated and deployed.

Adopting a practical performance based training process that requires all responder functions to have a fundamental baseline of competency is critical and will

assist the federal government with elevation of readiness while concurrently institutionalizing the training requirements into the existing curricula's for becoming an EMT, Paramedic, Police Officer or Firefighter at a local level.

We further believe and strongly encourage that those EMT's and Paramedics that are in regions that have been designated as a high threat area receive the required additional training, equipment and funding that is commensurate to meet that threat challenge. HR1544 will provide this to the first responders of America.

Emergency Medical Response capability in this country is diverse. The diversity creates many challenges that must be addressed if we are to be prepared to respond to disasters wherever they occur. The diversity necessitates that we utilize creativity to address the terrorism preparedness grant process to insure that non-governmental providers who provide emergency response to many of our communities have the needed resources to respond. The present system created by the Congress has evolved into "agency" specific funding rather than adopting a "functional" approach whereby the function is funded and the local providers of that function qualify for funding. In any event, while just about every emergency response function has received some fiscal relief; EMS has yet to see any specific targeted assistance to enhance EMS readiness. This bill provides for an extensive advisory board and NAEMT would expect that representatives of our diverse constituency would have ample place in the process.

The seats at the table should be not about what government agency, but what service is being provided and what are the needs of the community. It should matter not that a private ambulance provider, under contract to the local government, is at the table or a government service. The response is the issue and the terrorism preparedness grant process must address this concern. Various communities have opted to contract a non-governmental agency to provide EMS to their community. Presently there is no means of providing assistance to these organizations. The bill does not speak specific process for terrorism preparedness grant awards, but NAEMT wishes to provide this committee with concepts that address specific issues that impede domestic preparedness. This issue of providing material support to non-governmental providers must be overcome.

We suggest that perhaps as an alternative in these cases that the support for these initiatives be to the local community with the Mayor or County Executive as the designated recipient with the temporary issuance of the equipment or services handled by the local executive agent. If entity "X" is the provider of EMS services to a community for the term of a contract, the executive agent executes a loan agreement that coincides with the terms of the contract. As long as the contract remains in force, the equipment et al remains on-loan. In the event that the contract expires the recipient returns the equipment to the executive agent for the community, with full accounting for all, including maintenance etc, re-issuance to the new service provider. By adopting this strategy the federal government is not being forced to conduct response &

readiness triage based upon what patch the EMT or Paramedic is wearing, essentially denying a community the resources to protect itself and responders.

Conclusion:

The terrorist attacks on September 11, 2001 have become a defining moment for the future of the United States and the rest of the civilized world. They have challenged us to define the future of managing the protection of our country. While some ask why so late; others comment why not more; and still others ask when will we know it is enough? Our question and your challenge is how to assure we the people charged with “turning victims into patients” are able to adequately respond?

Based upon the aforementioned training and operational gaps that have been identified as impeding the ability of EMS responders to safely and effectively confront the threat of CBRNE terrorism, the National Association of Emergency Medical Technicians recommends modest changes in the existing legislation to accomplish the following:

- 1) A separate and discrete grant system that addresses EMS preparedness and training issues and administered by the Department of Homeland Security.
- 2) Empowerment of the Department of Homeland Security to insure that EMS responders of all levels have the necessary Personal Protective

Equipment to protect themselves.

- 3) Utilization of the newly promulgated National Response Goals to insure that EMS has the appropriate resources to respond to disaster and terrorist incidents.
- 4) Establishment of a minimum educational standard for all EMS providers to insure that they are capable of responding to a terrorist incident.

In conclusion, ***NAEMT supports H.R. 1544, the "Faster and Smarter Funding for First Responders Act of 2005."*** There are more than 950,000 EMTs and Paramedics across this great country who each and everyday respond to the call for help. When the next disaster occurs they will respond despite the fact that many are poorly prepared and may be sacrificing their well-being or lives to provide assistance to their community in need. This bill is a good and necessary step toward the improvement of preparedness in our country. We hope that this bill will also make significant strides toward providing assistance to our forgotten first responders across the United States. Thank you for this opportunity to speak on behalf of the EMTs and Paramedics and I would be happy to respond to any questions that the Committee Members may have.

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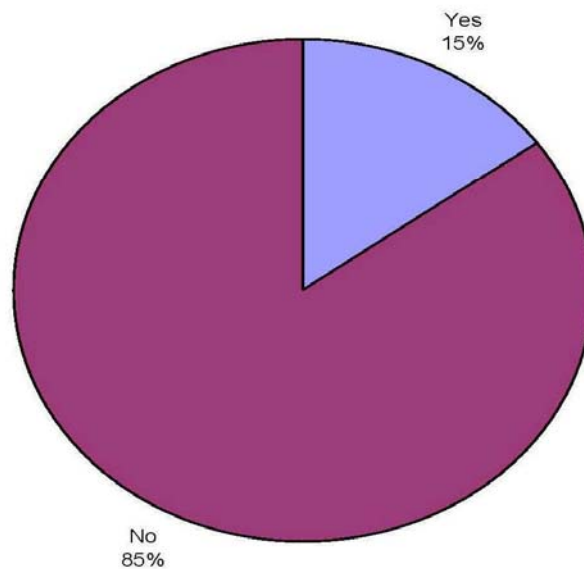
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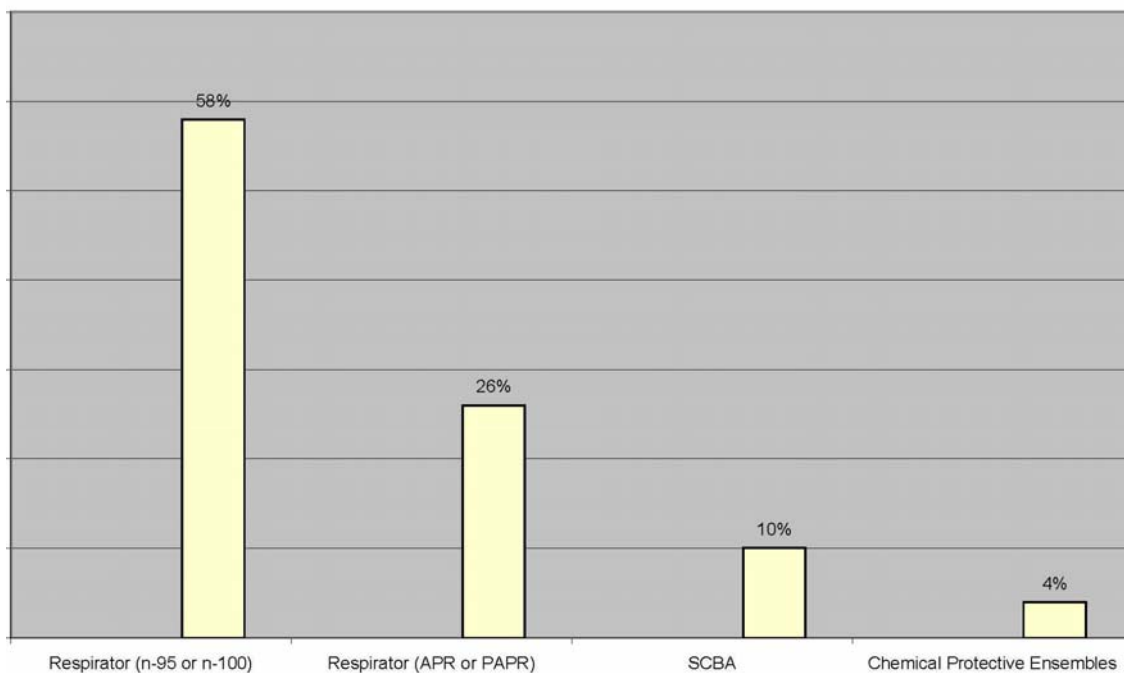
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Appendix A

**Does your EMS system issue personal protective equipment (PPE)
to the EMS members for terrorism response?
(total of 13,210 respondents)**



**Of the EMS personnel who responded "yes" to the previous question the type of protection
issued to EMS providers (1,856 respondents.)**



Appendix A (cont.)

**Type of chemically protective ensembles issued to
EMS providers (total of 13,210 respondents.)**

